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**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Docket Number: ATM-2239

Applicant : Peter KANCAR et al.

Serial No. : 09/926,584

Filed : 11/21/2001

For : BLISTER PACK

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PHARMACOLOGY CENTER R3700

**REQUEST FOR CORRECTED FILING RECEIPT**



Commissioner for Patents  
Attention: Office of Program Control  
Washington, D.C. 20231

Sir:

Please correct the Filing Receipt data for the above-identified Patent application as follows:

Please correct the Domestic Priority date

From: 5/12/2000

To: 5/13/2000

It is respectfully requested that a **corrected** Filing Receipt be issued. A copy of the Filing Receipt, which needs to be corrected, is enclosed.

Respectfully Submitted.

Feb. 27, 2003

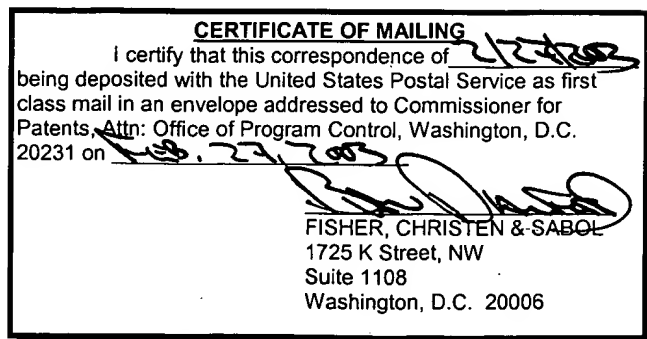
Date

Virgil H. Marsh

Virgil H. Marsh  
Reg. No. 23,083

Fisher, Christen & Sabol  
1725 K Street, N.W.,  
Suite 1108  
Washington, D.C. 20006

Telephone: 202 659-2000  
Facsimile: 202 659-2015



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Commissioner for Patents  
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| APPLICATION NUMBER | FILING DATE | GRP ART UNIT | FIL FEE REC'D | ATTY. DOCKET NO | DRAWINGS | TOT CLAIMS | IND CLAIMS |
|--------------------|-------------|--------------|---------------|-----------------|----------|------------|------------|
| 09/926,584         | 06/03/2002  | 3728         | 1146          | ATM-2239        | 5        | 27         | 2          |

Fisher Christen & Sabol  
 Suite 1401  
 1725 K Street NW  
 Washington, DC 20006

JAN 13 2003

CONFIRMATION NO. 2928

**FILING RECEIPT**



\*OC00000009341284\*

Date Mailed: 01/08/2003

Receipt is acknowledged of this regular Patent Application. It will be considered in its order and you will be notified as to the results of the examination. Be sure to provide the U.S. APPLICATION NUMBER, FILING DATE, NAME OF APPLICANT, and TITLE OF INVENTION when inquiring about this application. Fees transmitted by check or draft are subject to collection. Please verify the accuracy of the data presented on this receipt. If an error is noted on this Filing Receipt, please write to the Office of Initial Patent Examination's Filing Receipt Corrections, facsimile number 703-746-9195. Please provide a copy of this Filing Receipt with the changes noted thereon. If you received a "Notice to File Missing Parts" for this application, please submit any corrections to this Filing Receipt with your reply to the Notice. When the USPTO processes the reply to the Notice, the USPTO will generate another Filing Receipt incorporating the requested corrections (if appropriate).

**Applicant(s)**

Peter Kancsar, Zurich, SWITZERLAND;  
 Laurenz Zellweger, Zurich, SWITZERLAND;  
 Michel Krohn, Zurich, SWITZERLAND;  
 Claudia Schmauder, Zurich, SWITZERLAND;  
 Susanne Marti, Zurich, SWITZERLAND;

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TECHNOLOGY CENTER R3700

**Domestic Priority data as claimed by applicant**

This application is a 371 of PCT/EP00/04332 05/12/2000

**Foreign Applications**

EUROPEAN PATENT OFFICE (EPO) 99810478.0 06/02/1999

**Projected Publication Date:** None, application is not eligible for pre-grant publication

**Non-Publication Request:** No

**Early Publication Request:** No

**Title**

Blister pack

Preliminary Class

206



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**CONFIRMATION NO. 2928**

|                                    |   |                     |                               |  |
|------------------------------------|---|---------------------|-------------------------------|--|
| <b>SERIAL NUMBER</b><br>09/926,584 | <b>FILING DATE</b><br>06/03/2002<br><b>RULE</b> | <b>CLASS</b><br>206 | <b>GROUP ART UNIT</b><br>3728 | <b>ATTORNEY DOCKET NO.</b><br>ATM-2239 |
|------------------------------------|---|---------------------|-------------------------------|--|

**APPLICANTS**

Peter Kancsar, Zurich, SWITZERLAND;  
 Laurenz Zellweger, Zurich, SWITZERLAND;  
 Michel Krohn, Zurich, SWITZERLAND;  
 Claudia Schmauder, Zurich, SWITZERLAND;  
 Susanne Marti, Zurich, SWITZERLAND;

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a 371 of PCT/EP00/04332 05/13/2000

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

EUROPEAN PATENT OFFICE (EPO) 99810478.0 06/02/1999

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**IF REQUIRED, FOREIGN FILING LICENSE GRANTED****\*\* 06/18/2003**

|  |  |                            |                           |                                |
|--|--|----------------------------|---------------------------|--------------------------------|
| Foreign Priority claimed<br><input type="checkbox"/> yes <input type="checkbox"/> no   | <b>STATE OR COUNTRY</b><br>SWITZERLAND | <b>SHEETS DRAWING</b><br>5 | <b>TOTAL CLAIMS</b><br>27 | <b>INDEPENDENT CLAIMS</b><br>2 |
| 35 USC 119 (a-d) conditions met<br><input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance |  |                            |                           |                                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |  |                            |                           |                                |

**ADDRESS**

Fisher Christen & Sabol  
 Suite 1401  
 1725 K Street NW  
 Washington ,DC 20006

**TITLE**

Blister pack

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